| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  |                                       | (X3) DATE SURVEY<br>COMPLETED  |       |                          |
|---|--|--|---------------------------------------|--|-------|--------------------------|
|   |  |  | A. BOILDING.                          | • •  |       |                          |
|   |  | HAL029007  | B. WING                               |  | 01/0  | 6/2016                   |
| NAME OF PROVIDER OR SUPPLIER STREET ADD   |  |  |                                       | STATE, ZIP CODE  |       |                          |
| MALLAR  | D RIDGE ASSISTED   | LIVING   | RTH HIGHWA<br>NS, NC 270 <sup>.</sup> |  |       |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC)   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                   | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE | (X5)<br>COMPLETE<br>DATE |
| C 000   | Initial Comments   |  | C 000                                 |  |       |                          |
| C 101   | Harrell and Bob Ge Records indicate the 6-3-1998, for 100 beds. Based on the required to meet the Standards and Reg Adult Care Homes, 2005 Licensing of A More Beds, and the Carolina State Build Group I- Institutional Existing Licensed F   | nis facility was first licensed on seds including 32 Special Care is information, the facility is e 1996 Minimum and Desired gulations for the Licensing of applicable portions of the Adult Care Homes of Seven or e 2002 Edition of the North ding Code Section 409.1 al - Unrestrained. | C 101                                 |  |       |                          |
|   | SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by: Based on observation, the fire sprinkler system had no inventory of spare regular heads for the |  |                                       |  |       |                          |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPL<br>A. BUILDING:   | E CONSTRUCTION  01                        | (X3) DATE<br>COMF  | SURVEY |                          |
|--|--|--|---|--|--------|--------------------------|
|  |  | HAL029007  | B. WING                                   |  | 01/0   | 06/2016                  |
|  | PROVIDER OR SUPPLIER   | I IVING 9420 NOR   | DRESS, CITY, S<br>TH HIGHWA<br>NS, NC 270 |  |        |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)        | ID<br>PREFIX<br>TAG                       | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE  | (X5)<br>COMPLETE<br>DATE |
| C 101  | Continued From pa<br>interior. Provide sp<br>13.   | ge 1<br>ares in accordance with NFPA   | C 101                                     |  |        |                          |
| C 156  | provided and equip sanitizing of bed pa handwashing facilit  This Rule is not me Based on observati and on top of the he rooms on B Hall an inside the hoppers the large amount of   | n. A separate room shall be ped for the cleaning and ins and shall have ies.               | C 156                                     |  |        |                          |
| C 166  | SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained is orderly manner, fre hazards; (e) This Rule shall facilities.  This Rule is not me Based on observati maintained in a saf- handling portable me | es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing | C 166                                     |  |        |                          |

Division of Health Service Regulation

STATE FORM 6899 12V821 If continuation sheet 2 of 6

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |  |  |   | 3) DATE SURVEY<br>COMPLETED   |                                    |                          |
|--|--|--|--|---|---|------------------------------------|--------------------------|
|  |  | HAL029007  |  | B. WING                                     |   | 01/0                               | 06/2016                  |
|  | PROVIDER OR SUPPLIER   | LIVING   | 9420 NOF   | DRESS, CITY, S<br>RTH HIGHWA<br>INS, NC 270 |   |                                    |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC)   | TEMENT OF DEFICIENC<br>/ MUST BE PRECEDED E<br>SC IDENTIFYING INFORI   | BY FULL  | ID<br>PREFIX<br>TAG                         | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AI<br>CROSS-REFERENCED TO<br>DEFICIEN | CTION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| C 166  | Continued From pacylinders fall, break cylinder and turning Findings include: Several portable materials and unappression of the stored in an unappression of the stored in the store | ing their valves, pro<br>it into a dangerous<br>edical oxygen cylino   | projectile.  | C 166                                       |   |                                    |                          |
| C 189  | Building Equipment SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app   | PHYSICAL PLANT 11 OTHER  Ind all fire safety, ele umbing equipment maintained in a sa . apply to new and e   | ectrical,<br>in an adult<br>fe and<br>existing<br>ph (e) | C 189                                       |   |                                    |                          |
|  | This Rule is not med. Based on obsert powered emergency tested. Battery powerly will not work proper could endanger the Findings include ligareas:  a. Corridor near rob. Corridor near rob. Corridor near rob. Exterior to exit reb.  | vation, several battery lights would not we wered emergency lightly for at least 90 min residents and staff hts not working in the com B-7, com B-17, com B-17, com B-17, com B-14, arear room A-14, arear room B-14, com B-14, co | ery<br>vork when<br>ghts that<br>inutes<br>f.            |   |   |                                    |                          |
|  | 2. Based on obser doors are equipped   |  | ware.  |   |   |                                    |                          |

Division of Health Service Regulation

| B. WING       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       MALLARD RIDGE ASSISTED LIVING     9420 NORTH HIGHWAY 150 CLEMMONS, NC 27012   | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>   |                | (X3) DATE SURVEY<br>COMPLETED                                  |      |                          |
|--|--|--|---|----------------|--|------|--------------------------|
| MALLARD RIDGE ASSISTED LIVING 9420 NORTH HIGHWAY 150   |  |  | HAL029007   | B. WING        |  | 01/0 | 6/2016                   |
| MALLARD RIDGE ASSISTED LIVING  | NAME OF P  | ROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, S | STATE, ZIP CODE  |      |                          |
| CLEMMONS, NC 27012   | MALLADI  | D DIDGE ASSISTED I   | 9420 NOF  | TH HIGHWA      | Y 150  |      |                          |
|  | WALLAKI  | D KIDGE ASSISTED I   | CLEMMO  | NS, NC 270     | 12   |      |                          |
|  | PREFIX   | (EACH DEFICIENCY   | MUST BE PRECEDED BY FULL  | PREFIX         | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO | D BE | (X5)<br>COMPLETE<br>DATE |
| C 189 Continued From page 3 C 189  | C 189  | Continued From page 3  |   | C 189          |  |      |                          |
| fire alarm system one door failed to latch closed in several locations. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread through the corridor to the remainder of the facility. Findings include doors not latching in the following locations:  a. ECC, b. Entrance to Horizon, b. A Wing.  3. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes, cracks and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed 4 inch sleeve in attic smoke barrier wall at B-1, b. Gypsum compound and tape falling off attic smoke barrier wall at B-1, c. Unsealed penetration in the Administrator's office, d. Hole in the ceiling at the nurse station in A wing. e. Hole beside a 4 inch sleeve through the ceiling in storage room B, f. Hole in ceiling in mechanical room in ECC, g. Unsealed penetration in ceiling at the nurse station in ECC, h. Hole in wall at a PVC conduit in mechanical room 2 in ECC, i. Crack in wall in corridor at Assisted Bath on B Hall, j. Crack in wall in corridor at resident laundry on |  | fire alarm system of in several locations not close completel possibility that a fire quickly spread throus remainder of the fact Findings include do following locations:  a. ECC, b. Entrance to Horib. A Wing.  3. Based on observing rated walls and/in several locations penetrations that an approved for use in construction preserving begins in one space areas of the facility. Findings include:  a. Unsealed 4 inch wall at B-1, b. Gypsum compos smoke barrier wall at C. Unsealed penetroffice, d. Hole in the ceiling wing. e. Hole beside a 4 in storage room B, f. Hole in ceiling in g. Unsealed penetrostation in ECC, h. Hole in wall at a room 2 in ECC, i. Crack in wall in ce Hall, | ne door failed to latch closed. Cross-corridor doors that do y and latch present the that begins in one space can ugh the corridor to the cility. Ors not latching in the zon,  vation the required one-hour for ceilings were compromised. Holes, cracks and e not sealed with materials one-hour fire rated at the possibility that a fire that e can quickly spread to other sleeve in attic smoke barrier and and tape falling off attice at B-1, ration in the Administrator's at the nurse station in A inch sleeve through the ceiling mechanical room in ECC, ration in ceiling at the nurse  PVC conduit in mechanical orridor at Assisted Bath on B | C 189          |  |      |                          |

Division of Health Service Regulation

STATE FORM 6899 12V821 If continuation sheet 4 of 6

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>   |                     | (X3) DATE SURVEY<br>COMPLETED  |        |                          |
|---|---|---|---------------------|--|--------|--------------------------|
|   |   | HAL029007   | B. WING             |  | 01/0   | 6/2016                   |
|   |   |   | DRESS, CITY, S      | STATE, ZIP CODE  | 1 01.0 | <u> </u>                 |
| MALLAR  | D RIDGE ASSISTED  | I IVING   | TH HIGHWA           |  |        |                          |
|   |   | CLEMMO  | NS, NC 270          |  |        |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF | D BE   | (X5)<br>COMPLETE<br>DATE |
| C 189   | Continued From pa   | ge 4  | C 189               |  |        |                          |
|   | k. Unsealed penetr station in Horizon, I. Hole in wall above laundry, m. Unsealed penetroom, n. Crack in ceiling Horizon, o. Hole beside a sl telephone room on p. Hole in ceiling al room A-21, q. Open junction beto exit at room A-14 r. Fire collar (3 incheding in mechanical. 4. Based on observe escutcheon was miceiling complete the following locations. Findings include: a. Closet in B-26, b. Bedroom C-13, c. Kitchen, d. Mechanical room 5. Based on observe the duct mounted semechanical room in Sampling tubes that and cleaned can ericom. | ration in ceiling at the nurse re emergency light in main tration in ceiling of Living in the mechanical room in the eeve through the ceiling in A Hall, bove camera in corridor near ox in ceiling of porch exterior l, n) not properly mounted to al room C. vation the sprinkler ssing or not tightly fitted to the e one-hour protection in the |                     |  |        |                          |
|   | properly.   | and the special services  |                     |  |        |                          |
| C 199   | Exhaust Ventilation   |   | C 199               |  |        |                          |
|   | SECTION .0300 - F<br>10A NCAC 13F .03   |   |                     |  |        |                          |

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If continuation sheet 6 of 6

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>  |  | (X3) DATE<br>COMP   | SURVEY<br>LETED |                          |
|---|--|---|--|---|-----------------|--------------------------|
|   |  | HAL029007   | B. WING                                    |   | 01/0            | 6/2016                   |
| MALLARD RIDGE ASSISTED LIVING 9420 NOR  |  |   | DRESS, CITY, S<br>RTH HIGHWA<br>NS, NC 270 |   |                 |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROPERTION OF T | .D BE           | (X5)<br>COMPLETE<br>DATE |
| C 199   | REQUIREMENTS (g) The spaces list provided with exhautwo cubic feet per narequirement does no before April 1, 1984 these specified space (1) soiled linen store (2) soil utility room; (3) bathrooms and (4) housekeeping (5) laundry area. (k) This Rule shall facilities with the exwhich shall not appoint the space on observation maintain required expectation. Findings include; | ed in this Paragraph shall be ust ventilation at the rate of ninute per square foot. This ot apply to facilities licensed with natural ventilation in ces: rage;  toilet rooms; closets; and apply to new and existing ception of Paragraph (e) by to existing facilities.  et as evidenced by: on the facility failed to exhaust in a working condition. In aust could cause an fill moisture and possibly | C 199                                      |   |                 |                          |

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